

Canadian Connection Account and Billing Information

- A.
1. First Name _____ Ph# _____
 2. Last Name _____
 3. Gender Male _____ Female _____ Height _____ Weight _____
 4. Date of Birth _____
 5. Address _____
 6. City _____
 7. State _____
 8. Zip Code _____

Medical Conditions: (Please check if applicable)

Blood system disorders () Immune system disorders () Neurological disorders () Liver disease ()
Nutritional, mineral or electrolyte imbalance () Heart/circulation disease () Mental disorders ()
Glaucoma () Airway disease () Lung disease () High blood pressure () Cancer () Smoker ()
Poor wound healing () Lipid/cholesterol disorder () Kidney/urinary disease () Arthritis/lupus ()
Orthopedic or muscle disease () Surgical procedures () Addictions (Chemical) ()

Other: _____

Notes _____

B. Doctor Details:

You can enter more than one doctor's name and phone number separated by commas

1. Doctor Name _____
2. Doctor Phone _____

C. Payment Information (*-mandatory fields)

1. * - Credit Cardholder Name _____
2. * - Card Number _____
3. * - Card Type Visa _____ M/C _____ or Check payable to Langdon Ltd _____
4. 3 or 4 digit security code _____
Required only with Visa and MC
5. * - Expiration date Mo. _____ Yr _____

D. Other Details:

1. New customer Y _____ N _____
2. New prescription Y _____ N _____
3. Refill Y _____ N _____
4. Would you like to speak to a pharmacist? Y _____ N _____
5. Comments: _____

Canadian Connection Patient Waiver Form

Any Known Drug Allergies:

List Any Other Medications You are Currently Taking:

Medication _____ Reason _____

Medication _____ Reason _____

Medication _____ Reason _____

Medication _____ Reason _____

1. I am of the age of majority in the jurisdiction in which I reside.
2. I am not restricted from forming my own medical decisions under the laws of my jurisdiction.
3. I have not violated any laws in my jurisdiction in obtaining the prescription for the ordered pharmaceuticals.
4. A duly qualified physician in my jurisdiction prescribed the pharmaceuticals ordered by me for myself.
5. The ordered pharmaceuticals will not be used by anyone else except as prescribed for myself.
6. The duty of care is the responsibility of my physician who originally prescribed the ordered pharmaceuticals.
7. I agree to release and discharge Langdon Ltd and Canadian Connection and related companies and all of their employees, agents, and affiliates (pharmacists and physicians) from any and all liability, claims or causes of action with respect to the use or application of the ordered pharmaceuticals including but not limited to undesired side effects.
8. I understand that Langdon Ltd and Canadian Connection shall be entitled to substitute a prescription drug with a generic drug, where available, in accordance with the Alberta College of Pharmacists Standards, unless the physician has indicated that there be "no substitution".
9. I understand and acknowledge that the pharmaceuticals will not be packaged in child resistant packaging, unless requested by me. I release and discharge Langdon Ltd and Canada Connection from any and all causes of action with respect to any late delivery of pharmaceuticals sent to me.
10. I undertake to notify Langdon Ltd and/or Canadian Connection of any changes to my medical condition by updating my patient profile questionnaire.
11. I understand and acknowledge that pharmaceutical products may not be returned for refund or exchange.
12. I confirm that I did not seek or request a medical opinion of the Canadian licensed co-signing physician regarding the strength, dosage, usefulness, and duration of use, frequency of use, and or appropriateness of the medication for my particular medical condition. I understand that no one on behalf of Langdon Ltd and Canadian Connection will take any steps whatsoever to determine whether the prescription is appropriate. The co-signing physician's responsibility stops at the signing of the prescription.
13. I understand that it is my responsibility to have my medical condition and medications obtained in Canada monitored by my American doctor in the United States of America. I release and discharge the Canadian co-signing physician from any and all liability arising from the use of the ordered pharmaceuticals.
14. I hereby agree that the relationship between and the resolution of any and all disputes arising between me, Langdon Ltd and Canadian Connection, its physicians, pharmacists, employees, officers, agents and all others acting through or for it, shall be governed by and construed in accordance with the laws of Province of Alberta, Canada. I hereby acknowledge that the Courts of Alberta shall have jurisdiction to entertain any complaints, demands, claims or cause of action, whether based on alleged breach of contract or alleged negligence arising out of the signing and dispensing of this prescription, and I hereby agree that I submit irrevocably to the exclusive jurisdiction of the Courts of the Province of Alberta.

All of which is agreed.

Signature

Printed Name

Date Signed

Order Form

Medication You Wish To Order

	Name of Medication	Brand/Generic	Strength	Quantity	Price	Prescription Included?
1					\$	Y () N ()
2					\$	Y () N ()
3					\$	Y () N ()
4					\$	Y () N ()
5					\$	Y () N ()
6					\$	Y () N ()
7					\$	Y () N ()
8					\$	Y () N ()
9					\$	Y () N ()
10					\$	Y () N ()
11					\$	Y () N ()
12					\$	Y () N ()
13					\$	Y () N ()
14					\$	Y () N ()
15					\$	Y () N ()
				shipping	\$13.00	
				Total	\$	

Packaging Option:

Childproof lids
 Easy open lids
 Original container

Payment Method:

MasterCard
 Visa
 Check

Submit by mail or personal delivery to:

Canadian Connection
 1901 Broadwater Ave, Suite 7
 Billings, MT 59102

Submit by fax to:

406-656-0785

If you have questions, please call Canadian Connection at 406-656-0784